

TOWN OF MOREHEAD CITY Highlight of Benefits

July 2014 - June 2015

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Blue Cr	oss Blue	Shield of	NC - Blue	Options	Plan	(PPO)
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- ☐ Effective date is 1st of the month following 30-days after employment date
- ☐ City pays 100% for employee coverage
- ☐ Coverage is available for your spouse and dependent children at employee's expense

Monthly Premiums for Dependent Coverage at Employee's expense:

Employee/Child(ren) - \$237.50 Employee/Spouse - \$574.36 Employee/Family - \$1,007.38

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- ☐ Routine office visit \$25 co-pay
- ☐ Specialist visit \$50 co-pay
- ☐ Plan year deductible \$2,000 individual/\$4,000 family
- ☐ Plan year co-insurance maximum \$5,000 individual/\$10,000 family
- ☐ Urgent Care Centers \$50 co-pay
- ☐ Emergency room visit \$500 co-pay
- □ Ambulatory Surgical Center 80% after deductible
- ☐ Hospital/Outpatient /Professional/Maternity services 80% after deductible

Out-of-Network

- □ 70% of applicable services paid after deductible
- ☐ Plan year deductible \$4,000 individual/\$8,000 family
- ☐ Plan year out of pocket co-insurance maximum \$10,000 individual/\$20,000 family
- ☐ Ambulatory Surgical Center 70% after deductible

Prescription Drug Coverage:

- ☐ Generic \$10 co-pay
- □ Preferred Brand \$40 co-pay
- ☐ Brand \$55 co-pay
- ☐ Specialty Brand 75% coinsurance

Dental

Municipal Insurance Trust/MedCost

- ☐ Effective date is 1st of the month following 30-days after employment date
- ☐ City pays 100% for employee coverage
- ☐ Coverage is available for your spouse and dependent children at employee's expense

Monthly Premiums for Dependent Coverage at Employee's expense:

Employee/ Child(ren) - \$50.25 Employee/Spouse - \$27.75 Employee/Family - \$60.50

□ Calendar year maximum - \$1,000 per person □ Calendar year deductible - \$50 Individual/\$100 Family □ Class I Expenses (cleanings/x-rays) – 100% no deductible □ Class II Expenses (fillings/root canals/extractions) – 80% after deductible □ Class III Expenses (crowns/dentures/bridges) – 50% after deductible □ Class IV Expenses (orthodontia-children to age 26) - 50% after deductible/\$1,000 lifetime maximum
<u>Vision</u> Municipal Insurance Trust/Vision Service Plan (VSP) □ Effective date is 1 st of the month following 30-days after employment date □ City pays 100% for employee coverage □ Coverage is available for your spouse and dependent children at employee's expense
Monthly Premiums for Dependent Coverage at Employee's expense: Employee/ Child(ren) - \$6.00 Employee/Spouse - \$6.00 Employee/Family - \$13.00
Plan Highlights: In-Network ☐ Eye exam - \$10 co-pay ☐ Prescription glasses exam - \$20 co-pay ☐ Prescription glasses — Lenses-100% coverage/Frames & contact lens-up to \$120 coverage
Short Term Disability ☐ Effective date is 1 st of the month following 30-days after employment date ☐ City pays 100% for employee coverage ☐ Benefit amount-60% of earnings ☐ Benefit begins on 8 th day of disability ☐ Maximum benefit period of 26 weeks
Life Insurance ☐ Effective date is 1 st of the month following 30-days after employment date ☐ City pays 100% for employee coverage ☐ \$20,000 basic life coverage/\$20,000 AD&D coverage (coverage reduces after 65 years of age)
Worker's Compensation ☐ All City employees are covered under the North Carolina Worker's Compensation Act. This act covers those employees who suffer injuries as a result of an injury or accident while performing job duties
Cancer/Critical Illness/Accident/Term & Whole Life/Dependent Life Insurances ☐ Voluntary insurance coverages available at employee's expense. Benefit is paid directly to the employee to offse medical expenses and deductibles
Flexible Spending Accounts Medical □ Set aside up to \$2,400 per year on a tax-free basis to reimburse yourself for eligible medical expenses not reimbursed by any insurance plan you pay for yourself, spouse, or eligible dependents Dependent care □ Set aside up to \$5,000 per year on a tax-free basis to reimburse yourself for dependent care expenses incurred
RETIREMENT NC Local Governmental Employees' Retirement System Mandatory 6% employee contribution bi-weekly City contribution – 7.07% (general employees)/7.41% (police officers) of gross salary (revised annually) Death benefit - \$25,000 minimum \$50,000 maximum after 1 year of service Fully vested after 5 years in the System Retirement benefit based on salary, years of service, and retirement factor

401(k) □ Optional minimum \$10 employee contribution bi-weekly □ City contribution – 5% of gross salary (GS requires 5% City contribution for police officers-no employee contribution required) □ Pre-tax and/or Roth contributions □ Loan/hardship withdrawal options □ Employee's choice of investment options
 Special Separation Allowance □ Annual compensation provided for eligible Law Enforcement Officers □ Must have completed 30 or more years of credible service or have attained 55 years of age and completed 5 or more years of credible service □ Payment ends at age 62
NC State Firemen's and EMS Pension Fund ☐ Voluntary after-tax contribution to the Fund ☐ \$10 per month; contributions cease after contributing for 20 years ☐ Payroll deduction ☐ Eligible to receive benefits after serving 20 years and attained 55 years of age
 MISCELLANEOUS Holidays □ 12 paid holidays per year (New Years Day, ML King Day, Good Friday, Memorial Day, 4th of July, Labor Day, Veteran's Day, Thanksgiving (2), Christmas (3)
<u>Vacation Leave</u> ☐ 10 days per year (five year incremental increases)
Sick Leave ☐ 12 days per year; acceptance of unused sick leave from previous municipality after 5 years of service
Military Leave ☐ Employees who are members of any branch of the United States Armed Forces Reserves or National Guard are granted up to 2 calendar weeks per year for military training. Employees are entitled to all job rights specified by the USERRA
Uniform Allowance ☐ Employees who are required to wear City uniforms will be supplied with such or compensated an amount for care of the uniforms
Educational Assistance ☐ Employee assistance for job related training expenses and educational leave
Health Memberships ☐ Employee and household family members may use the City fitness facilities free of charge. Discount group rates are available to employees and family members at local fitness facility.
Wellness Program ☐ Incentives are provided throughout the year for wellness
Pay Periods □ Bi-weekly; direct deposit required

This document is intended to provide a brief summary of the benefits for full-time employees. Some benefits are available to certain part-time employees on a pro-rated basis. The official plan documents and/or contracts determine eligibility for benefits and coverage. If there is any discrepancy between this summary and the plan documents, the plan documents will prevail. At the discretion of the Council, and/or funds permitting, these benefits may be subject to change.